

Carpenter (Julia W.)

Two cases of mycosis tonsil-
laris -



TWO CASES OF MYCOSIS TONSILLARIS.¹

BY

JULIA W. CARPENTER, M.D.,
CINCINNATI.



Mycosis of some part of the upper air-passages not being very frequent, a report of two cases, with their treatment, may prove of some interest.

Mycosis tonsillaris is a growth of a fungus on the tonsils. This fungus is the *leptothrix buccalis*. It attaches itself to the mucous membrane, usually the deeper layers, and grows, forming white masses of varying sizes and shapes.

It has been found in different parts of the nose and throat, and when once it has located itself in any quarter it proves to be a tenant hard to move.

The diagnosis can be settled by the microscope.

The peculiarities of the disease are the following:

The growth is found in the throat while the patient *seems* well in every other respect. I say *seems*, for, while these spots are often discovered accidentally, and there is no fever, or any special disturbance, there is usually some error of digestion, or depression of system, or slight chronic irritation of the throat, or something to cause those conditions of soil on which this fungus can grow. Those who have made a study of this subject have not yet been able to find exactly what these conditions are. For the *leptothrix buccalis* is usually found in the mouth, but does not attach itself and grow, unless the soil is prepared for it by some degenerative process.

TREATMENT.

The treatment should be both local and general. If only local and the mycelial masses are destroyed, there is still the same soil and the same fungus in the mouth to colonize in some new spots.

Whatever error in the general health exists must be corrected as far as possible. Change of air for a time, a visit to another city or the sea-shore will of itself so improve the health and change the conditions of the throat that the growth can no longer exist, and these spots disappear without local treatment. If one cannot make this change, general and local treatment combined give the quickest results.

CASE I.

On October 1, 1894, Miss A. B., a young lady of twenty-four years, called to consult about her throat, which she said had in it many white spots, which seemed to her very peculiar. She had had some throat trouble and was in the habit of looking at her throat occasionally, and thus discovered them.

She was of delicate constitution and nervous temperament. There were no symptoms of illness of any kind, but some depression of system from overstrain due to the sickness and death of one of her family.

These spots were chiefly on the tonsils, and were very characteristic.

¹ Read before the Academy of Medicine of Cincinnati, December 23, 1895.

They could not be wiped off, but were very adherent. Some were large and not much elevated, others were little projecting tufts, like a little waving cord attached at one end. These were about three millimetres long.

A general building-up treatment was at once begun, as well as local treatment.

To remove these growths, of course, no surface application is of any avail. That would be simply lopping off the branches while the root remained. In these cases the ax must be laid at the root of the tree literally. To accomplish this I decided to try that unique preparation, trichloracetic acid. To prepare for this application the curette was first used, but only on the large spots. This was simply to thin off the mycelial mass, as much as could be done without touching the surrounding surface or causing any bleeding. The acid was then applied in the following manner:

A glass rod drawn to a fine point, like a well-sharpened lead pencil, was used. A tiny crystal of the acid, just about large enough to see, was taken up on the point of this rod, and pressed into the centre of each spot. On the large spots more than one crystal was used.

At the next visit, a week later, the large spots were much smaller and thinner, and the smaller ones had disappeared. Another treatment caused the disappearance of these also.

The general health improved, but not to the extent of sterilizing this soil so that this micro-organism could no longer grow upon it. Now very small spots, that were treated as before, appeared from time to time until the patient went to the lakes, the first of last July, for a two months' stay. From the day of arrival in that bracing climate to the present day not one spot has made its appearance.

CASE II.

The second case of this disease came just a few weeks after the first. Mr. T. H., aged twenty-eight, came for attention to his throat, which he said had had white spots in it for several months. He enjoyed excellent health, but said his

throat was always in a rather irritable state.

On investigation this proved also to be mycosis tonsillar, only with larger patches than in the other patient. There were also some of those little waving filaments, like a fine cord, several millimetres long. The same treatment was given him as in the first case, tonics and the same local application.

After three or four treatments, a week apart, not a trace of these mycotic growths could be found, and from that day to this, more than a year, there has not been the least return of the trouble.

In this patient it would seem as if, the general health being better, the normal state of the mucous membrane was more easily restored, so that these mycelial growths being once destroyed, this fungus not finding the soil favorable, did not find a lodgement and grow.

Several points in these two cases, it seemed to me, were of interest.

1. It was a repetition of what so frequently happens, that similar cases come in groups. The only two cases of this infrequent disease that have fallen under my care came within a few weeks of each other.

2. The second point refers to its infrequency in men. All writers on this subject state that this disease is found almost exclusively in women. One of these *two* patients was a man. One writer states that he has seen about twenty-four cases, and only one or two were men.

3. The third point refers to the use of trichloracetic acid. Whether it was that, or that and the general treatment combined, the result was better than the writers on this subject would lead one to expect. I do not know whether others have used this preparation in this disease or not. I chose it simply on general principles, as it had been so useful to me in other ways. I very much prefer it to any other application or treatment I have heard of. The actual cauterization is painful and necessitates the recovery from a burn. The trichloracetic acid applied in this

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delicate way is not painful, no cocaine is needed, and there is no discomfort afterwards.

Writers on this disease abound in phrases like the following: "The prognosis, as far as cure is concerned, is very dubious. The disorder is very persistent, and little amenable to treat-

ment."¹ If that is the usual experience, it might be well to give this new preparation a further trial. The general building up of the body, however, must not be forgotten. That will lead to many an unexpected success.

The *foundation* must be right, to prevent decay and mould on the surface.





